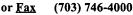


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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G	ynk Ri	ser	(12-		(Depositor's name)
7			TK	W,	(Signature)
		. 7	14-112	2.04	(Date)
•					

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/943,382	08/30/2001	Paul A. Renhowe	072121:0139	. 7754

TITLE OF INVENTION: HETEROCYCLIC DERIVATIVES OF QUINOLINONE BENIMIDAZOLES BENZIMIDAZOLES

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DU	JE	DATE DUE
nonprovisional	nonprovisional NO \$1330		\$300		\$1630		04/14/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
DESAI, RITA J		1625		514-302000	-		
. Change of correspondence FR 1.363).	e address or indication of "F	ee Address" (37		inting on the patent front page, f up to 3 registered patent a		nard P.	. Friedrichse
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or 2 young J			ng J. S	Suh
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			Blackburn

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY) Emeryville, CA, USA

Chiron Corporation

☐ individual XX corporation or other private group entity ☐ government Please check the appropriate assignee category or categories (will not be printed on the patent); 4b. Payment of Fee(s):

4a. The following fee(s) are enclosed:

XXAdvance Order - # of Copies

XXIssue Fee

XXPublication Fee

XX A check in the amount of the fee(s) is enclosed.

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Director for Patents is reque ,७७४

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(Date)

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04/19/2004 HVUONG2 00000021 09943382

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